HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

At a meeting of this Committee held on
3 December 2018

(Present) Councillor J Banks (Chairman)
Councillors Baines, C D Banks, Cunliffe, Gill, T Long, Mussell
and Mrs Smith (Healthwatch)

(Not Present) Councillors Bell, Grunewald and Wiseman

(Also Present) Councillor Quinn (Cabinet Member, Adult Social Care) and
Councillor Neal (Cabinet Member, Better Health and Building
Arts and Culture)

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16 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bell and Grunewald.

17 MINUTES

* Resolved that the minutes of the meeting held on 10 September 2018, be
approved and signed.

18 DECLARATIONS OF INTEREST FROM MEMBERS

No Declarations of Interest from Members were made.

Councillor T Long here entered the meeting.

19 UPDATE ON INFANT FEEDING STRATEGY

A report was provided to update the Panel upon the latest data and trends on
breastfeeding in St Helens, progress against the original strategy action plan, progress
against the scrutiny recommendations and plans for 2019 and beyond.

and Key Facts about the Infant Feeding Strategy 2016 - 2019 were attached to the report.

The Assistant Director of Public Health was in attendance to deliver the update and
answered questions that were raised by the Panel.

* Resolved that:

(1) the report be noted;

(2) the improvements made over time in the rates of breastfeeding
initiation and at six to eight weeks be noted;

(3) it be recognised that there was still much work to do to continue the
improvement and to improve data quality;
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(4) the progress made in delivering the actions in the Infant Feeding Strategy 2016-19 and in the supplementary Infant Feeding Action Plan be noted; and

(5) the steps being undertaken to refresh the Infant Feeding Action Plan into 2019 and beyond be noted.

SOCIAL PRESCRIPTIONS SIX MONTH PERIOD

A report was provided to update the Panel on the social prescribing pilot which had been running one day a week in six GP Practices for six months.

The Speciality Registrar, Public Health was in attendance to explain background information which included the reasons for the social prescribing pilot project, staff deployment, some of the main achievements and the evaluation process.

Data was provided for 85 patients that took up the offer of social prescribing at four of the practices and indicated:

- age and gender of patients who had attended social prescribing;
- reasons for patient referral to the service;
- barriers to accessing community services;
- where patients were referred to; and
- staff feedback about the project.

The purpose of the six month review was to determine whether the model was working and to agree the next steps.

It was reported that the Social Prescribing Pilot was still in its infancy and had taken time to gather momentum as it was a change in delivery model for GP practices, Link Workers and for patients. The evidence collected to date indicated that there was a need for this approach and that the right model was in place, however the approach could still be improved further.

In addition, the project appeared to have the potential to make a difference in improving health and wellbeing, reducing social isolation and improving community connectedness, and had the potential to reduce demand on GP practices.

The Panel was informed that time was still needed to embed and expand the project, and to complete a robust evaluation based on patient data. It was recommended that the project continued for another six months to allow for further evaluation.

The Panel raised questions that were answered at the meeting regarding the receipt of client feedback and evaluation of improvements following onward referrals.

The involvement of how the faith sector could assist in the project was also discussed, and an offer of further support was welcomed and would be publicised within various forums and organisations.

* Resolved that the report be noted.
21 PROCEDURES OF LOWER CLINICAL PRIORITY

A presentation was provided to update the Panel upon the review of Cheshire and Merseyside Commissioning Policy.

The presentation covered the following information:

- what is the Commissioning Policy?;
- why do we have it?;
- how does it work?;
- why are we reviewing the policy?;
- how have we conducted the review and where are we up to?; and
- what engagement are we doing

The Panel raised questions that were answered at the meeting regarding client surveys to compile feedback on their experiences of treatments, and also discussed the range of policies that had been reviewed as part of the process.

* Resolved that the presentation be noted.

22 UPDATE FROM HEALTHWATCH

A verbal report was given to Members by Healthwatch Manager, Jayne Parkinson-Loftus, to update them on the work of Healthwatch.

Members were informed of the recent events and activities that had recently taken place and had been well received, particularly in respect of the End of Life and Advance Care Planning and Winter Warmer events.

The Panel was also advised that the Healthwatch Annual Report had been published and had been well received.

In addition, it was reported that a vacancy existed for the positon of Director of Healthwatch and information was provided to indicate the current Elected Member representation.

* Resolved that the verbal report be noted.

23 UPDATE ON SCRUTINY WORK PROGRAMME 2018/19

A report was provided to the Panel by the Scrutiny Manager detailing recent work that had taken place in respect of two recent Task and Finish Groups.

The Panel was informed that the subsequent reports would be provided to the next meeting of this Panel.

* Resolved that the verbal report be noted.